DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL APPLICATION (Utility)

Attorneys Docket No. CHENS-11

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first of

	r/Thermoplastic Grip T ecification of which					
	X is attached h					
	was filed on	1	, as Application Serial No			
l harab	was amended	On	(if applicable). and the contents of the above iden	uicad Caasicas	den tool at at on t	
amende	ed by any amendment action of this application	referred to above	e. I acknowledge the duty to di	sclose informat	tion, including the Claims	, as the
listed be that of	y claim foreign priority elow and have also ide the application on whi	ntified below any f	tle 35 USC 119 of any foreign app foreign application for patent or in- ted:	olication(s) for preventor's certific	patent or inventor's certificate having a filing date before	cate fore
	none					
	(Number)	(Country)	(Day/Month/Year Filed)	(Yes)	(No)	
=	(Number)	(Country)	(Day/Month/Year Filed)	(Yes)	(No)	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Page 2/DECLARATION AND POW F ATTORNEY FOR	R ORIGINAL APPL	v) Attorneys
		Docket No. CHENS-10
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RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS (IF DIFFERENT)		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS (IF DIFFERENT)		
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